

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 9, 1885.

Original.

NOTES ON THE GENESIS OF MALARIA.

A Study in Three Parts.

BY WILLARD HENRY MORSE, M. D.

PART III.

It has been said that the presence of carburetted hydrogen in pure air is not always demonstrable; but it is claimed that in a minute quantity its presence does not render the air impure. Carburetted hydrogen, or methane, or marsh gas, exists at the bottom of marsh pools in the bed of mud, and as well, in a state of compression, in rock fissures, and especially in the coal measures. It is nearly inodorous, colorless, and contains twice its own measure of hydrogen. If we are to believe the best English chemists, carburetted hydrogen may be respired without any toxic effects, and this is borne out by the actual fact, the miners in the coal mines breathing the gas without any injurious effects. *Yet it is carburetted hydrogen that is the cause of malarial fevers, that poisons the air, and that constitutes that which we term malaria.*

It is not, however, pure methane that stands as such a factor. Alone, and untouched by the defilement of foreign matter, this gas is in itself synonymous with all that is non-deleterious. In nature, methane is not found chemically pure. As obtained from the bottom of pools it is found to be mixed with carbon dioxide. Entering into the air, it manifests an affinity for the carbonic oxide already there as a constituent. The two gases combined are poisonous, and the toxemia caused is malarial fever. We must, however, ascribe no supremacy to the carbonic acid, more abundant though it is. It only plays a governing part in action, but as such is indispensably exact. As we

know, carbonic acid is a narcotic poison. Carburetted hydrogen, governed by carbonic dioxide, is not narcotic, but is none the less a toxic factor. The dioxide, however, is, when alone in the air as a constituent, a harmless gas, but combined with methane it poisons, or the methane poisons.

A word as to the alleged alliance between these two gases will the better prepare us to study their action in compound. Carbonic dioxide is represented by the symbol CO_2 , and marsh gas by CH_4 . A better statement would be: Carbon dioxide is composed of carbon 12 measures by weight and oxygen 32; marsh gas is composed of carbon 12 parts, hydrogen 4. CO_2 weighs 47.26 grains to 100 cubic inches, and the representative weight of CH_4 is 17.41 grains. When we mix 100 measures of the latter gas with 200 of oxygen and explode them in the endiometer 100 measures of gas remain. Considering that CO_2 contains its own volume of oxygen, it is patent that one half of the oxygen added is consumed in uniting with the hydrogen. Therefore marsh gas contains twice its own measure of hydrogen, with sufficient carbon to produce, under process of combustion, an equal quantity of carbon dioxide. Thus is explainable the production of the deadly compound of nitrogen and carbon dioxide after an explosion of fire-damp. We have also to consider that CO_2 and CH_4 represent the principal forms in which hydrogen and oxygen are separated from wood during its conversion into coal. This accounts for the presence of these gases in coal. In a similar way the liquid hydrocarbons were produced. It will thus be seen that a perfect familiarity should exist between these two gases so nearly related, and in this way our deductions of cause and effect are explainable.

It may be asked with justice how a sufficient quantity of marsh gas to prove a toxic power can be generated? The gas, as

we have seen, is resident in the rocks of the carboniferous measures of geology, where it is pent up in reservoirs and in the mud at the bottom of pools in which water-plants grow. What is that action which serves to free this gas? Naturally the eye seeks a climatic cause, and rests upon it as the truth. But we must say right here that the so-called "climatic theory" of malaria has nothing in common with the facts of which we are speaking. Those physicians who seek to show that the paludal influence is simply the effect of climatic causes, such as cold, heat, damp, and vicissitudes of temperature, only bring forward the stones to pave a path not yet laid out. Climate alone means nothing. Climate never caused malaria, or malarial disease, alone. The influence of climate is, however, potential.

I have given the subject long research, and I find the facts apparent. In the air of the rocky hills of Pennsylvania, the desert mountains of Colorado, the sea-shore of New Jersey, of Massachusetts, and of Rhode Island, as well as in the air of local pools and marshes, carburetted hydrogen is abundant. In searching for this gas I have been struck by the almost general absence of bacteria in stagnant water of marshes, pools, etc. Around the carcass of a dead animal they are generally found in abundance, but they do not spread through the body of water. But marsh gas abounds in the aerial territory of these places where I have sought it. I do not say it is always there, but it is common at certain seasons. On the borders of a marsh celebrated for its malaria the gas fills the air in the month of August, and in other months when there is drought. The influence of heat dries up a marsh until the methane is freed from its mud bed, little or no water remaining to retain it there. Again, after a summer's rain or a winter's freshet the mud is stirred up until the gas escapes through the water. A wind that roils the waters of the tide-pools does the same service, and a sudden inundation, natural or artificial, is alike provocative of gaseous generation.

Among other causes conspiring to create an escape of methane from its mud reservoir are several that can not be explained away by theory. Marsh gas under provocation tends to escape in all temperatures and at all times of the year, but more readily in late summer and autumn. It may arise as well from the marbled lakelets on the lawn as from the marshy pool; as well from the wooded pond as the open lake; as

well from shady river beds as from close swamps. I have studied the records of observations of different men in many sections until it seems sure that methane is universally occurrent wherever there is a body of water wholly or partially stagnant. Not only is it present in the water-bed, but under certain conditions it is to be found in the air that is about such bodies of water. I do not look for any exceptions to this universal fact. A sandy bottom of a water-course or reservoir is not as likely to produce the gas, but may incline to do so. Places that are not malarial, and yet are near bodies of water, owe their salvation to a sandy bed.

I find three gradations of methanitic occurrence, viz: Sparingly or not at all where the water-bed is sandy, more abundant where there is mud liable to atmospheric action, and very abundant where water-plants grow in the muddy bed. If it is said to me, "There is a marshy pool: why does it not produce marsh gas?" I answer, "It has a sandy bottom;" and investigation proves it so. It will be found that this rule is infallible. Yet a certain exception obtains. There are muddy-bedded marshes, like the Great Dismal Swamp, that produce the methane, but no malarial fever is known in the vicinity. How are we to account for this paradoxical case? This is readily done. The generated gas will escape, but in the air becomes either neutralized or changed by the presence of another more powerful gas. It is not probable that carburetted hydrogen has any special antagonist, but carbonic acid—to which it owes its virility of poison—is, as we all know, subject to change. Therefore, the carbonic acid being prevented from assisting the methane to toxic power, the latter gas proves almost innocuous.

Chemistry does not understand the primal formation of methane. We know that it is generated, but we see no bound to the process. The mud where it is born is filled with it to repletion. It is literally compressed there. If some particles escape, others take their place, and a body of fresh water is always fertile of it. But how are we to explain the presence of malaria in a locality where it has not been known for a century or longer? Take the Connecticut River valley as an example. There, as we have seen, malaria has recently reappeared after an interval of nearly a century. It was once there, and has returned. Wherever it appears it has appeared before. The

reason is very easily understood. Question the old residents of the valley, as I have taken pains to do, and they will tell you that the river was more sandy, because it was more swift, ten or twenty years ago. The numerous reservoirs have formed mud below and above them, and in the mud methane has grown. To prove this let me say that the most malarious place on the river is one where a rank growth of water-weeds flourish; and up the river, on the Vermont boundary, where the stream runs over a pebbled bed, there is no malaria, never was, and never will be. There are, it is true, muddy rivers, like the Thames, that are not prolific of malaria; and this is explainable either by neutralization from some more abundant or more powerful gas, or more probably by the mud being possessed of a certain acidity that prevents the generation of the methane. But, referring again to the Connecticut, it may be asked, how are we to explain the presence of malaria a century or more ago, when the locality was but recently settled, and there were no reservoirs to dam up the water and make mud? If we think a moment it will be apparent that a newly settled country, where the woods are heavy and vegetation is rank, would have muddy-bedded rivers. This is invariably the case.

Even in some of the sandy regions of the West, instead of true mud the settler finds a sandy dough that serves its place. A stream in an unsettled locality always has at its bottom a mass of mud, and where it is the deepest there is most malaria. Witness the Amazon as an example. After the land on a newly-settled river valley has been cultivated, and the grass mown and the forests cut down, the river runs swifter, changes its course little by little, and in a few years runs comparatively clear. And as long as it is clear of beds of mud it is non-malarious. When the hand of man curbs the stream, again there is mud and malaria.

We are accustomed to say that when the soil is turned up malaria is bred. This is, however, not always the case, as we have seen. But where there is soil that does breed malaria when it is disturbed, we find that that soil is of an alluvial nature, and was once in the bed of a lake, a river, or other body of water. Other soil not generic of methane is virgin and not alluvial. It may seem unwarranted to hold to such an idea, but it is not theoretical. Soil that is full of methane may have retained it for

ages, and yet it is at the mercy of a disturbing agency. But this is not all. There are soils of such a porous nature that, placed in the right position, they will absorb into their substance carburetted hydrogen. This can be demonstrated by experiment, and I doubt not is in certain soils true to nature. Yet this is but the exception. There are soils full of the noxious gas, and not soils alone. I have examined dust from mountain rocks, which, when wet and permitted to slowly dry, gives off true marsh gas. By this fact we can explain the presence of malaria in such arid regions as the Spanish Cordilleras and the Andes. There is, besides this, another source of methane—the coal measures. But the reservoirs in the coal are but sparingly opened, and though they may give out gas, seem to rarely do so. But on the rocks of coal regions and elsewhere, the methanitic mud lies, and moistened by rains and warmed by the sun the mud generates its latent gas.

An inquiry into the *modus operandi* of carburetted hydrogen as causing malarial fever is full of interest and deserving of careful study. The specific gravity of carburetted hydrogen is 0.5596. It is so light that it would be readily and widely diffused; but mixing with carbonic acid, which has a specific gravity of 1.524, it is localized. If it were not for this property of admixture, the combined gases would be widely diffused through the air, and lose their toxic power. As it is, they merely poison a circumscribed aerial territory, remaining if undisturbed in perfection of purpose in one vicinity. If a strong wind exerts its diffusive influence, and scatters the gases, they cling together in a body and carry their strength with them. But it can not be said that this is done. Circumstances have a controlling action, and exert it to keep the poison in one place. If in the valley of a river, on the slopes of a hill, on a plain meadow, or among the rocks of the mountains, the methane be found in the air, there it is resident, and there it is generated.

But without proof that the cause of malarial fever is the inhalation of carburetted hydrogen acted on by carbonic acid, these axioms are quite theoretical. The medical and other scientific men who are studying the action of this agent that has come into the place of germs, have substantiated all that I have said by direct experiment. Not to be tedious I will give some description of the more elaborate.

A plate of mud from a marsh, placed on a stand in the draft between a window and a door in the chamber of a healthy lad, in a non-malarial locality, fails to produce any pathological effects. But the same mud, placed as before, and having a mass of organic matter undergoing fermentative decomposition, placed beside it, had its effects. In nine days the youth developed intermittent fever, no other member of the family having it, and there being positively no other exposure. The combined gases that emanate from the moist mud and decaying matter are of the kind that are invariably causative of paludal disorders.

Another, and in some senses a similar experiment, is readily conducted and equally convincing. If a person removed from paludal influence be confined to a room in which carburetted hydrogen and carbon dioxide are liberated, intermittent fever is caused. If a person be placed where he can respire a mixture of carburetted hydrogen, carbonic acid, and a limited quantity of atmospheric air, a series of symptoms are caused, which are identical with those of intermittent fever. Care should be taken to have the carburetted hydrogen in excess, and the atmospheric air in limited quantity. If this be done, and the experiment be conducted carefully twice or three times a day for not less than two weeks, it will not fail of success. In evidence that the symptoms in point are truly paludal, it may be said that they yield to the same therapeutical measures as does the intermittent fever, and have the same symptoms. One of my induced cases took on a tertian type, and another was decidedly quartan.

From these and other like experiments which I have conducted, I consider the ideas which I have here advanced proven facts. If it be theory, it is that theory which is justly the hypothesis of truth.

The etiological factor being known, its rule of action follows. The manner in which impure carburetted hydrogen causes malarial fever is apparent. As we have seen, the disease is of the blood. Healthy blood requires for its maintenance pure air, and of the air, the most important element required is oxygen. The oxygen which is absorbed from the air in the lungs is taken up by the blood circulating in the pulmonary capillaries. That health may be preserved the air must contain its fixed proportion of oxygen. In breathing air that is pregnant with carburetted hydrogen and carbonic acid in mixture, it is as if one breathed coal gas. The

symptoms are the same. Its test is similar, lime-water placed in its atmosphere becoming turbid. It is a deadly breathing. The poisoned air, *malaria*, is inhaled, and straightway there is an epidemic among the blood corpuscles, diseased for want of oxygen. An inordinate number of them come to an untimely end. They die; and as thus they are a foreign substance in the blood, elimination must follow. The liver becomes exhausted with its eliminating work, and after death we find that organ bronzed and slightly tumid. Out of sympathy the spleen takes on overaction, and presents the same post-mortem appearances; it is enlarged and dark. The liver fails in its work; the blood is found to be melanemic, pigmentary granules and dark-colored cells filling the fluid. The capillaries are surcharged with this blood, and the melanemia is observed both after death and in the blood drawn during life. This blood change involves destruction as well as paucity of the blood globules. The pathological effects of the melanemic condition is resultant of stasis, and the cerebral phenomena are not impossibly due to the accumulation of pigmentary particles in the substance of the brain.

If there is a characteristic lesion in intermittent or remittent fever it is the bronzed and enlarged spleen. As the diseased blood of typhoid fever acts upon the intestinal coats, and as the same agent in yellow fever acts on the vena porta, so does the melanemic blood act on the spleen. It is probable that the melanemia may be due to the respiration of air attainted with impure carburetted hydrogen. A rabbit confined in a closed vessel filled with carburetted hydrogen nine parts, and carbon dioxide one part, dies in the space of eighty minutes. The blood of the animal, microscopically examined, betrays every evidence of a commencing melanemia. A rabbit confined where a considerable quantity of carburetted hydrogen is mixed with the air for forty-eight hours, and then killed by inhalation of the gas, shows an enlarged liver and an indication of melanemia. In point, I would cite the following case, calling attention in the first place to the fact that methane is a prominent and abundant constituent of coal gas: Mrs. P. F. C., aged thirty-eight, died of suffocation from coal gas in a New York hotel. Autopsy five hours after death: Heart and brain normal; lungs inflamed; coats of stomach slightly inflamed; liver congested, swollen, and bronzed; spleen exhibiting pigmentary deposit; blood perfectly normal. It would

seem evident from this case that had the poisoning been protracted, the blood would have at length become melanemic.

Not long after having ascertained these autopsical facts it occurred to me that coal gas, if inhaled, may have the effect of adding to the malignancy of malarial fever. To demonstrate the probability of this, and as well to add proof to the truth of the agency of carburetted hydrogen, I instituted this experiment: A patient with well-defined tertian fever was placed in a room into which a current of gas was allowed to flow until the air was dense with it. The result was that the recurrence of his chill was anticipated by not less than four hours. Subsequent experiments have served to establish the influence of this agent.

It is plain that the addition of coal gas to confined air will add to the intensity of malarial fever. This auxiliary cause serves to give efficiency to the special cause, and Dr. Obt may not be in error in affirming that "malaria is more frequent now because of the general use of coal." Malarial fevers, or other diseases with a malarial element, are frequent in our cities. New York has this class of cases every month in the year, and if it means coal gas, what shall we do about it?

I think that the germ theory is likely to be dispossessed from its connection with malaria in no long time, when it will be recognized every where that marsh gas is the causative factor. It is a discovery of importance and likely to work its part in helping to remedy the disease so caused.

NEW YORK.

Miscellany.

THE OPERATION FOR DISPLACED SEMILUNAR CARTILAGE.—Mr. Thomas Annandale (British Medical Journal) says that in cases of displacement of the semi-lunar cartilage, where the ordinary methods of treatment have failed to restore the usefulness of the limb, he has performed the following operation with success: An incision was made along the upper and inner border of the tibia, parallel with the anterior margin of the internal semi-lunar cartilage; the few superficial vessels having been secured, the joint is opened, the anterior edge of the cartilage is seized and drawn forward into its natural position, and chromic acid catgut ligatures passed through it and through the fascia and periosteum, covering the

margin of the tibia. The wounds in the synovial membrane and soft parts are then closed with catgut, and a splint and plaster-of-paris bandage applied.

THE PEROXIDE OF HYDROGEN IN THE TREATMENT OF SUPPURATION.—Dr. W. A. Dayton, in the New York Medical Journal, gives the results obtained in his clinic with the peroxide of hydrogen. The first case was a young man with nasal catarrh and buzzing in the ear. There was also a family history of phthisis pulmonalis, he had been treated by specialists without relief. He was given six ounces of a two per cent solution of peroxide of hydrogen, a tablespoonful three times a day. Local treatment to the nose and naso-pharynx was also used. In the eight weeks of treatment the patient took the peroxide regularly, gaining fifteen pounds in weight. The notes of other cases are given where it was used in suppuration of the middle ear with marked success. The difficulty of checking chronic suppuration of the middle ear in consumptives is well known to all aurists. Dr. Dayton has had wonderful success in these cases by the use of a twelve-per-cent solution of the peroxide locally to the ear, and the administration of tablespoonful doses of a two-per-cent solution internally.

THREE CASES OF TUBAL PREGNANCY SUCCESSFULLY OPERATED UPON.—In the British Medical Journal, April 18, 1885, Mr. Lawson Tait gives the notes on three cases of tubal pregnancy successfully operated upon at the period of rupture. These complete a series of nine cases on which he has operated with only one failure. They are sufficient to prove that these cases may be treated with success by the improved proceedings adopted in abdominal surgery in the last few years. It is a known fact that the majority of these cases prove fatal when left to themselves. This fact is of itself sufficient to justify the operation. He claims that these cases confirm the views already expressed by him, that all cases of extra-uterine pregnancy are tubal in origin, arising from a ruptured tube about the tenth or twelfth week of pregnancy.

At the recent meeting of the Tennessee State Medical Society, the officers elected were as follows: President, Dr. Thomas L. Maddin, Nashville; Secretary, Dr. C. C. Fite, Nashville; Treasurer, Dr. Deering J. Roberts, Nashville.

CATALEPSY IN A CHILD THREE YEARS OLD. The literature of catalepsy is by no means inconsiderable, but the cases observed during childhood are but few in number. Monti quotes but eleven cases seen in children of from five to fifteen years, the average age being nine years. In the April number of the American Journal of the Medical Sciences, Dr. Jacobi, of New York, reports the first recorded case occurring in a child as young as three years; in it all the symptoms, psychic indolence, normal or abnormal temperature, cold surface, anesthesia, analgesia, flexibilitas cerea, and diminished patellar reflex (the latter is frequently intact) were found combined. The increase of urine during a good part of the catalepsy was a remarkable feature, such as is seen in hysteria of both adults and children.

PERMANGANATE OF POTASH IN AMENORRHEA.—Mr. P. Maury Deas, in the British Medical Journal, says that permanganate of potash is a useful and safe emenagogue, free from the disadvantages which attend some other remedies of this class. Its use may be continued for months without any bad effects, and success need not be despaired of even after many months. Even when it fails as an emenagogue it acts beneficially as a general and nerve tonic.

MILK AS A VEHICLE FOR IODIDE OF POTASSIUM.—Dr. E. L. Keyes, in New York Medical Journal, speaks highly of milk as a vehicle for the administration of iodide of potassium. He says that in cases where a large quantity of the drug has to be given, he has found that the stomach does not rebel when milk is used as the vehicle. Ten grains or more of the iodide in a gill of milk make a palatable drink and impart only a mild metallic taste to the fluid, which most patients find not at all disagreeable.

DETACHMENT OF THE RETINA.—Mr. Thompson, in the Medical Press and Circular, reports a case of detachment of the retina, operated on by Wolfe's method two and a half years ago. At the present time the retina seems to be thoroughly attached. The case is of interest on account of the time elapsed without a reappearance of the detachment, since the durability of a cure in these cases has been questioned.

PROFESSOR LEYDEN will succeed the late Professor Frerichs in the Berlin University Medical Faculty.

SERIOUS BRAIN TROUBLE DEPENDING ON TRIVIAL EAR AFFECTION.—At a meeting of the St. Louis Medical Society (Weekly Medical Review) Dr. Williams presented the history of the following interesting case. A young man in Carondelet had been deaf for several years, and during all this time he had dizziness to such a degree that sometimes he would fall. Besides this he had convulsions which were regarded as epileptic. On examination of his ears they were both found to be plugged up with wax; and when this was removed not only did the deafness disappear, but the dizziness and epileptic symptoms also went away. It is well known that affections of the drum may be the cause of the decided dizziness.

A CASE OF PERNICIOUS ANEMIA; RECOVERY.—Dr. Guy Hinsdale, of Philadelphia, records, in the April issue of the American Journal of the Medical Sciences, a case of pernicious anemia, occurring in a male aged twenty-two, extending over more than two years, and terminating in a normal blood count, and full bodily vigor. This adds one more to the list of cases which justify us in having a slightly more hopeful view than we have heretofore commonly entertained of this dangerous malady.

At the recent meeting of the American Surgical Society the following officers were elected for the ensuing year: President, Dr. Moses Gunn, of Chicago; Vice-Presidents, Dr. Christopher Johnson and Dr. T. P. Russell, Baltimore; Secretary, Dr. J. R. Weist, Richmond, Ind.; Recorder, Dr. J. Ewing Mears; Treasurer, Dr. J. H. Brinton, Philadelphia. The next meeting is to be held in Washington.

In habitual constipation, Prof. Bartholow uses the following (Col. and Clin. Record):

R Resinæ podophylli, gr. vj;
Ext. belladonnæ, } aa gr. iij.
Ext. physostigmatis,
M. Ft. Pil. No. xij. Sig: One pill each night.

BICARBONATE OF SODA in form of an ointment with lard, ʒj to ʒj, is recommended in the treatment of eczema.

DR. OLIVER S. TAYLOR, physician and clergyman, died recently at Auburn, N. Y., at the age of one hundred years.

THE State Medical Society of Pennsylvania will meet at Scranton, Pa., May 27th.

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THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the Association at New Orleans was attended by about seven hundred physicians, with a registry of six hundred and fifty-nine delegates.

So far as may be divined from the by no means plethoric reports at this time accessible, the work in the Sections was sound and the addresses and deliberations upon the floor at the general assembly of at least average interest. On the second day, however, a score somewhat above the customary high-water mark was made, in consequence of a breeze stirred up by certain unhappy critics relative to the preliminary work of the Executive Committee of the coming International Medical Congress.

Whatever may be the substrata of the grounds for the vigorous protest of Dr. Shoemaker and his supporters, there would seem to be nothing at the surface in the published "Rules and Preliminary Organization" of the committee that could warrant the accusation that it had made a bargain with the new-code men, nor does a closer scrutiny of the document bring to light aught to discount Dr. Billings's statement that, "Whether the committee had

acted erroneously or not, it had acted to the best of its ability and with pure and honest motives, the character of its members being the best guarantee of this assertion."

A glance at the "Rules and Preliminary Organization" shows that twenty-nine States, the District of Columbia, and Canada have been honored by the appointment of one or more of their distinguished physicians as members or officers of the Councils and Sections. Among these New York leads the van, the State being named on the list sixty-eight times. Pennsylvania ranks next, with forty-eight; Massachusetts follows with thirty-two; Maryland and Illinois tie on twenty-one; the District of Columbia has eighteen, Ohio fourteen, and Missouri eight, while the other States follow with three, two, or one apiece.* It is true that the territories, several of the States in the far West, and two of the Southern States are left out of the count, but so also are two Eastern units of our Union, one a Middle and the other a New England State.

When the relative importance of the great cities of the States as medical centers and conservators of medical talent is taken into account, this distribution of honors, though not above criticism, can not be counted unjust, and we believe that the list in the main, though savoring somewhat of petroleum and cod-fish, will be found to be fairly representative of the profession in America.

But while all this is true, the ethical status of the New York appointees of the committee can not be passed lightly by. It was doubtless thought inexpedient, by the seven wise men who composed the original committee, and the eighteen wise men who later made the number twenty-five, to ignore in these appointments the eminent codo-scismatics of New York, since without these American specialism could not be fully and fairly represented at the Congress. A goodly number of their names, therefore, appear upon the list, but not with a prominence

* These figures represent the number of times each State is mentioned on the list of officers and members of the Councils as the home of the officer or member, not the numbers of officers or members from the given State. The same man may be named several times upon the list.

which would seem to justify the theory that the executive committee had gone out of its way to do them honor.

The question as to whether the judgment of the executive committee shall be sustained or set aside will be a serious one indeed for the committee of reconstruction to answer, since it involves the reopening of the code controversy, a definition of the authority of the American Medical Association in the premises, and the success or failure of the Congress.

The American Medical Association has put itself upon record as a body which can give the code bolters no recognition, and there is no honorable escape from this position. If, therefore, the organization, arrangement, and adjustment of the affairs of the Congress be the duty of the Association, no committee of its appointment can officer the sections or man the councils of this body with physicians who are under the ban of its ethical condemnation.

This is a new field for the old fight, which should be pushed to immediate issue; for it were better a thousand times that we should have no Congress, than that the profession of the United States should waver in principle, and make through its great representative body any concession to the bolting specialists of Gotham.

DR. J. W. HOLLAND, Professor of the Principles and Practice of Medicine in the University of Louisville, has been called to the chair of Chemistry and Toxicology in the Jefferson Medical College, of Philadelphia.

While deeply regretting the going out from us of a loved friend and valued colleague and collaborator, we heartily congratulate our friends of Jefferson and the Quaker City upon having secured the services of a gentleman of Dr. Holland's talents, culture, and learning. He is an able physician, an orator, and an eminent teacher of medical science.

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Monthly Health Bulletin of Ontario for the months of December, 1884, and January and February, 1885. Issued by the Provincial Board of Health, etc.

Ovariectomy. By James B. Hunter, M.D., Surgeon to the Women's Hospital, Professor of Gynecology in the New York Polyclinic, etc. Reprinted from the New York Medical Journal for June 7, 1884.

Report of Sixty-three Cases of Extraction of Cataract. By W. Cheatham, M.D., Lecturer on Diseases of Eye, Ear, and Throat, at the University of Louisville. Reprinted from the Archives of Ophthalmology, Vol. XIV, No. 1. 1885.

Fifty Cases of Abdominal Section, with Remarks on Laparotomy. By James B. Hunter, M.D., Surgeon to the Women's Hospital, Professor of Gynecology in the New York Polyclinic. Reprinted from New York Medical Journal for April 4, 1885.

New Remedies.

Conducted by Simon Flexner, Ph. G.

ACTIVE PRINCIPLES OF CANNABIS INDICA. It would seem that cannabin is not positively the active principle of Indian hemp. A recent examination has revealed two other principles, one of which is said to be quite a pronounced hypnotic. Cannabinon and hashisch are the two bodies, the former being the active one.

TANNATE MERCURY.—The tannate of the protoxide of mercury, or hydrargyrum tannicum oxydulatum, is a remedy for syphilis, introduced by Lustgeven and already quite extensively used in Germany. It is given in doses of one and a half grains, two or three times daily, an hour after meals. It does not produce salivation.—*Medical Record*.

RHIGOLENE.—This body, a very volatile hydrocarbon of petroleum, is noticed in several medical journals as a new local anesthetic. It was introduced and recommended for this purpose by Dr. H. J. Bigelow. Somewhat earlier Prof. Simpson, of Edinburgh, similarly employed "Kerosolene."—*American Journal of Pharmacy.*

ASEPTOL.—This antiseptic, introduced some months ago and widely noticed, owing to its activity and its want of poisonous or caustic properties, has not met with the favor predicted for it. At any rate, its very limited application up to this time would seem to show this.

The form in which it is supplied is a solution containing thirty-three and a third per cent of the substance, Merck, of Darmstadt, being the maker.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

I know of nothing sensational transpiring just now in New York medical matters, yet I see something of interest every day. The clinics at the Polyclinic are daily growing more abundant, especially so in the children's department, and Profs. Ripley and Milbank are kept quite busy for about an hour and a half each day attending them.

Prof. Ripley's lectures have been especially interesting for the past few days because of some cases of membranous croup that he has had. There is at present an unusual number of cases in this city. Dr. R. brought a boy before his class upon whom he had performed tracheotomy with good result, and at the same time he presented a fresh pathological specimen in which the operation failed to relieve the child, simply because the false membrane extended well down into the bronchi. Dr. R. performs quite a number of tracheotomies in and around the city, having operated one hundred and twenty times, with about thirty-three per cent of recoveries.

There is a new procedure just being introduced by Dr. J. O'Dwyer, of this city, by which it is proposed to supplant tracheotomy, and as I had never heard of it before, and as perhaps many of your readers have not, I will describe it. The doctor has contrived an ingeniously arranged metallic tube, which he has plated

with gold. It is about two inches in length, about the size of a large goose-quill, and somewhat flattened on its sides, having a projecting collar around the upper end which gives the instrument somewhat the appearance of a short, thick fencing-nail in outline. This "trachea-tube," as it is called, is to be dropped into the trachea by means of an ingeniously contrived holder. The nail-head-like collar at the top of the tube catching on the vocal cords, thus preventing its passing down into the bronchi, and holding it in position. The great difficulty the doctor first experienced with the instrument was that the child would cough it out, but his latest improvement consists in making the tube slightly thicker in its lower half, and thus also increasing its weight, which has quite overcome the difficulty.

Through the kindness of Dr. Ripley I procured a letter of introduction to Dr. F. P. Bissell, physician in charge of the New York Foundling Asylum, on Sixty-ninth Street, and to-day I visited this institution. I saw here a child with diphtheritic croup, who has been wearing one of Dr. O'Dwyer's trachea-tubes for eight days. It seems quite comfortable, breathing freely, and is now convalescent. I was shown several others who had recently been treated for the same disease and in the same manner who are making a perfect recovery. Thus far they have used the tube in the asylum sixteen times with four recoveries, which is a better average than is obtained from tracheotomy.

One would naturally suppose that a solid body so large as the tube I have described could not be tolerated in the windpipe. I confess I could scarcely believe it until I had an ocular demonstration of the fact. The patients operated upon were almost cyanotic, but instant relief has been the usual result; the fatal cases were mostly due to the extension of the membrane downward, or by pneumonia occurring as a complication.

Dr. O'Dwyer's method has one or two advantages over tracheotomy, viz., it is not so horrifying to the parents and friends, and the doctor is not so liable to be accused of killing the child if it dies. Again, it is a means of saving life in the Foundling Asylum, where the church, having a controlling influence in the management of the institution, interposes an objection to tracheotomy, but does not object to the trachea-tube.

I am of the opinion that the cases in which the trachea-tube will prove most suc-

cessful are those of catarrhal laryngitis in young children, commonly called croup; but that in cases of genuine diphtheritic formation upon the walls of the air-passages the instrument can do no good, except possibly in so far as it may make death a little easier.

Speaking of croup reminds me of a little controversy that took place at the Pathological Society, a few evenings since, between Drs. Ripley and Jacobi, as to the character of the respirations in a patient with this disease, Dr. Ripley affirming that they breathe faster than normal, and Dr. Jacobi contending that the respirations are slower than normal. I think Dr. R. got decidedly the better of his opponent. He went on to state the simple reasons why the breathing is faster, the chief point being that if the passage through which a given amount of air must make its way to the lungs to sustain life be made smaller by deposits, the air must pass through proportionately faster, and therefore necessitate a faster movement of the lungs. His argument was so simple and conclusive that it carried conviction with it. About the last response Dr. R. made was said in his own original and peculiar way, thus, "If you don't believe the respirations are faster, *just count them* in the next case you see!"

The hip-joint case—McNamara's operation, by Dr. Wyeth, of which I gave a brief description in my letter of the 9th inst.—is recovering rapidly. The antiseptic dressing was left upon the wound without change for ten days, and when taken off the surface was found covered with healthy granulations, there being not a drop of pus any where about it.

R. B. GILBERT, M. D.

NEW YORK, April 24, 1885.

Societies.

AMERICAN MEDICAL ASSOCIATION.

[SPECIAL TO LOUISVILLE MEDICAL NEWS.]

SECOND DAY: GENERAL SESSION, APRIL 29th.

Dr. F. E. Daniels, of Fort Worth, Texas, offered the following preamble and resolution:

Whereas, At the last meeting of the American Medical Association a committee was appointed to confer with the International Medical Congress, at Copenhagen, with a view to securing the next meeting of that body in 1887 at Washington, and to arrange for the said meeting; and

Whereas, This committee, after accomplishing this object, have proceeded, without authority from this body, to appoint the officers of the Congress, which have been published in detail in the Journal of the Association and other publications, thus giving the aspect of authoritative action on behalf of this Association; and

Whereas, This Association recognizes the committee as a Committee of Arrangements only, and in so far as the duties of the committee have been performed, it declines to indorse the said appointments; therefore,

Resolved, That the Committee on Nominations be instructed to prepare and present to the Association nominations for the officers of the Congress and its various Sections.

After a full discussion of Dr. Daniels' motion, the subjoined amendment was offered by Dr. Keller, of Arkansas. It was adopted by a large majority, and practically closed the controversy relative to the International Medical Congress. It provides that a committee of thirty-eight, one from each State, be appointed to act with the General Committee of the International Medical Congress.

Resolved, That a committee be appointed composed of representatives from each State and Territory, also from the Medical Departments of the United States Army and Navy and Marine Hospitals; that these members shall be added to the original committee of seven, with power to review, alter, and amend the present report of the original committee as they may deem best. The delegates of the respective States in attendance at this session of the American Medical Association shall re-elect the new members of this committee and the presiding officer (Vice-President Lynch) shall appoint all the other members.

AFTERNOON SESSION.

Section on Practice of Medicine, Materia Medica, and Physiology.

Dr. Austin Flint, New York: A Uniform Nomenclature of Physical Signs which occur in Connection with the Respiratory System.

Dr. N. S. Davis, Chicago: The Relation of Clinical Facts to the Contagiousness of Phthisis Pulmonalis.

Dr. H. C. Wood, Philadelphia: Fever as a Neurosis.

Dr. F. Keyt, Cincinnati: Cardiography.

Dr. R. J. Nunn, Savannah, Ga.: The Mineral Foods, and How to Give Them.

Dr. J. V. Shoemaker, Philadelphia: The Treatment of disease by the Hypodermic Injection of Oils.

Dr. James T. Wilson, Philadelphia: The Specific Treatment of Enteric Fever.

Obstetrics.

Dr. N. J. Nunn; The Multiple Speculum Uteri and an Improved Dressing Forceps.

Dr. C. W. Wile, Sandy Hook, Conn.: A New Wire Speculum.

Dr. G. J. Engleman, St. Louis, Mo.: The Improved Technique in Gynecological Operations, Minor and Major.

Dr. Z. Otto, Arkansas: A New Speculum.

Dr. T. M. Healey, Cumberland, Md.: A New Speculum, and a new Vaginal Irrigator.

Dr. Henry O. Marcy, Boston: The Rôle of Bacteria in Parturition.

Dr. A. Reeves Jackson, Chicago: Vaginal Hysterectomy for Cancer.

Surgery and Anatomy.

Dr. N. Senn, Milwaukee, Wis.: The Treatment of Cysts of the Pancreas.

Two Ovariectomies successfully performed on the same patient.

Dr. Joseph Ransohoff, of Cincinnati, reported the case of a young woman, married, twenty-four years of age, from whom Prof. Schönborn, of Königsberg, in Prussia, removed the right ovary, in 1880. At the time of this operation the left ovary was already somewhat enlarged. In 1883 the patient came to this country and enjoyed good health until the summer of 1884, although the abdomen was occupied by a large neoplasm. The essayist saw the patient in last October, and easily recognized an ovarian tumor with very extensive pelvic adhesions. As a vestige of the first laparotomy there was present, a cicatricial band in the median line, two inches in width and extending from the symphysis to within a short distance of the ensiform cartilage. This part of the abdominal wall was exceedingly attenuated and through it the anterior surface of the cyst could be readily distinguished, and the absence of anterior parietal adhesions established. The second operation was performed on the 19th of November, and commenced by an incision in the median line through the cicatrix. When the anterior surface of the tumor was exposed, adhesions were not encountered. After the cyst was emptied, and the pedicle looked for, none could be found. The basal portion of the cyst was firmly adherent to the left portion of the uterus, ureter, and rectum, and the separation of these adhesions would with little doubt have been followed by the death of the patient.

It was, therefore, determined to sew the basal part of the cyst into the lower portion of the abdominal wound, and to insure against the recurrence of the disease or the formation of an intractable fistula by de-

stroying the secreting surface of the small portion of the cyst which was left. Ten silver wire sutures and the free use of the thermo-cautery accomplished these objects. With the exception of a pelvic abscess, which was opened three weeks after the operation, the patient made a slow but perfect recovery. Since the operation she has menstruated four times, each period lasting from three to five days.

In commenting on this case the essayist gave some statistical information on the relative frequency of bilateral ovarian disease, and the increased dangers of double as compared with single ovariectomies. On account of said increased danger, he advises conservatism in treating the less diseased ovary by the most radical measures, particularly, since in thirty-two cases which he has tabulated, and in which ovariectomy was twice performed on the same patient, fourteen children were born during the interval between the two operations.

The essayist regarded the method of treating the cyst as the most important practical feature of the case. While the operation of sewing a small and remaining portion of the cyst wall is not new, it is not often practiced, and should never be resorted to except from necessity. For this special incomplete operation, applicable to all abdominal cases, the essayist suggested the term "ventro-cystorrhaphy." By it the remaining portion of the cyst can be treated by the extra-peritoneal method, and the danger of relapse or fistula can be averted by the free use of the thermo-cautery on its lining membrane.

Ophthalmology, Otology, and Laryngology.

Dr. R. E. Murrell, Little Rock, Ark.: Determining Errors of Refraction by Double Images and a Parallax.

Dr. H. Harlan, Baltimore: A Case of Hereditary Glaucoma.

Section on Pediatrics.

Dr. R. J. Nunn, Savannah, Ga.: Successful Results of a New Treatment of Diphtheria.

Dr. H. R. Kelley, Galion, Ohio: The Treatment of Diphtheria in Children.

Oral and Dental Surgery.

Dr. T. W. Brophy, Chicago: Epulis Tumors.

Dr. O. J. Coskery, Baltimore: A case of Sarcoma of the Lower Jaw, with successful removal.

On Wednesday evening, Dr. and Mrs. T. G. Richardson, and Mr. and Mrs. Cartwright Eustis, gave elegant receptions at their palatial residences which were very much enjoyed by the large numbers who attended.

The Louisiana Jockey Club gave the Association, on the same evening a complimentary promenade concert and dance at their rooms, which was also very enjoyable.

The attendance so far has reached seven hundred, a very good turn out for this corner of our country.

THURSDAY, APRIL 30th—THIRD DAY.

The session was opened with prayer. The Committee of Arrangements submitted an additional report, and the reading of the roll of members was, on motion, dispensed with.

The amendment to the by-laws offered by Dr. Foster Pratt, of Michigan, last year, that each section shall, in the future, elect its own officers, was called up.

Dr. A. S. Purdy, of New York, thought that the effect of the amendment would be to split the Association into so many smaller associations.

Dr. N. S. Davis thought that the amendment was defective, inasmuch as it did not specify the time of election.

On motion, its further consideration was postponed until next year.

Dr. N. S. Davis, on behalf of the Committee on Meteorological Conditions and their Relation to the Prevalence of Diseases, reported that the committee had endeavored to secure full reports from the twelve principal cities of the Union through the official bureaus. It had made a special study of ozone production and its value, and also of its tests. Of these, Schönbein's paper is the best, but it reacts to other agents. Thallium was found to be very sensitive. Observations were interrupted in some cities by changes of residence of observers. Physicians were requested faithfully to record the beginning of all epidemics. He said it was difficult to secure such service, as many promise and do not perform; yet he thought that accumulating material will permit the committee in after years to report conclusions of value. The report was accepted.

Dr. Davis also presented a report from the Committee on the Collective Investigation of Disease, which was appointed to act in coöperation with the committee of the British Medical Association. He stated that at the International Medical Congress

held at Copenhagen an International Committee had been appointed, with members from Denmark, Sweden, Russia, Germany, France, and England, and North and South America. A sub-committee had been appointed to consider subjects for consideration and to tabulate a programme to be distributed throughout the world. The committee had decided that few questions should be asked, that they should be simple in character, and that they should relate, (1) To geographical distribution, (2) to prevalence of diseases in certain localities, (3) to other etiological factors not so connected.

The report asked that the committee should be discontinued, with instructions to urge upon other societies to take up the work. Several States, among which are Illinois and Pennsylvania, have already done so.

Dr. Davis, from the Special Committee to report Explanatory Resolutions of certain sections of the Code of Ethics, stated that the committee had given the subject due consideration, and respectfully submitted the following brief report in the form of preamble and resolutions:

Whereas, Persistent misrepresentations have been and still are being made concerning the provisions of the code of ethics of the American Medical Association which many, even in the ranks of the profession, are led to believe—as, for instance, that the code excludes persons from professional recognition simply because of difference of opinion on doctrines—therefore,

Resolved, First, That Clause 1, Article IV, of the National Code of Medical Ethics is not to be interpreted as excluding from professional fellowship on the ground of difference in doctrine or belief those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause in the said code of ethics that interferes with the most perfect liberty of individual opinion and practice.

Second, That it constitutes voluntary disconnection or withdrawal from the medical profession proper to assume a title indicating to the public an exclusive or a sectarian system of practice, or to belong to an association or party antagonistic to the general medical profession.

Third, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultation can not be correctly interpreted as interdicting under any circumstances the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to meet promptly the emergencies of disease, of accident, and to give a helping hand without unnecessary delay, is a duty fully enjoined on every member of the profession both by the letter and spirit of the entire code. But no such emergencies or circumstances can make it necessary or proper to enter

into formal professional consultations with those who voluntarily have disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

Adopted.

Dr. Duncan Eve, of Tennessee, then delivered the address in surgery. He reviewed many points in the history of surgery from the most ancient to the present time. He dwelt upon the improvement in the treatment of fractures of the skull, cleft palate, and vesical calculi, and in the application of orthopedic apparatus. The address closed with an eloquent eulogy upon the late Dr. Gross.

The treasurer's report showed a balance of \$932.11, and exhibited an increase in the receipts over last year of \$320. The provisions made last year for the increase of membership have added one hundred and twenty-five names to the roll.

The Committee on Publication presented their report, in which they stated that they had done all in their power with the small means at their disposal. They wished to place on record their high appreciation of the services of Dr. Davis as editor. The Journal is free from debt. The number of members entitled to receive it is 3,050, the number of subscribers is 850, and the exchanges and advertisers require 120 more. The total number of copies published is 4,200, and the probable income is not much less than \$6,000. The total income from dues is \$21,000. The expenses are \$12,000, not including the expenses of the editorial office. The committee concluded to retain the publication at Chicago, and had unanimously requested Dr. Davis to continue as editor, which he has consented to do under certain conditions.

Dr. Davis spoke at length of the difficulties in the way of conducting the Journal, and advised the exercise of prudence and patience, with a careful husbanding of resources. He opposed increasing the annual dues, as it would have the effect of decreasing the number of members—especially of new members. He said that with application and patience in ten years the Journal would stand in the lead.

Dr. Harvey Reed, of Ohio, moved that the Association offer prizes for the first and second best papers containing original research presented in each section yearly.

Adopted.

Dr. J. B. Roberts, of Philadelphia, from the Section on State Medicine, offered a resolution recommending the appointment

in each State of an examining board, whose certificate shall be a license to practice. Laid on the table temporarily.

The committee appointed to consider the advisability of erecting a monument to Benjamin Rush in the city of Washington recommended that such monument be erected by dollar subscriptions, and provided for the appointment of a committee to carry out the object of the resolution.

The Nominating Committee then presented the following list of officers for the ensuing year:

President—William Brodie, M. D., of Michigan.

Vice-Presidents—Samuel Logan, M. D., of Louisiana; A. Y. P. Garnett, M. D., of the District of Columbia; Charles Alexander, M. D., of Wisconsin; and W. F. Peck, M. D., of Iowa.

Section of Medicine—J. T. Whittaker, M. D., of Ohio, Chairman; B. L. Coleman, M. D., of Kentucky, Secretary.

Section of Obstetrics—Seth C. Gordon, M. D., of Maine, Chairman; J. F. Y. Paine, M. D., of Texas, Secretary.

Section of Surgery—N. Senn, M. D., of Wisconsin, Chairman; H. H. Mudd, M. D., of St. Louis, Secretary.

Section of Ophthalmology—Eugene Smith, M. D., of Michigan, Chairman; J. F. Fulton, M. D., of Minnesota, Secretary.

Section of Diseases of Children—W. D. Haggard, M. D., of Tennessee, Chairman; W. B. Lawrence, M. D., of Ark., Secretary.

Section of State Medicine—J. H. Rauch, M. D., of Illinois, Chairman; F. E. Daniels, M. D., of Texas, Secretary.

Section of Oral and Dental Surgery—J. S. Marshall, M. D., of Illinois, Chairman; A. E. Baldwin, M. D., of Illinois, Secretary.

Committee on Necrology—J. M. Toner, M. D., District of Columbia, Chairman.

Judicial Council—R. A. Kinloch, M. D., of South Carolina; D. D. Saunders, M. D., of Tennessee; T. G. Richardson, M. D., of Louisiana; G. A. Ketchum, M. D., of Alabama; George Baird, M. D., of West Virginia; J. M. Toner, M. D., of the District of Columbia; A. M. Pollock, M. D., of Pennsylvania.

Time and place of next meeting—St. Louis, on the first Tuesday in May, 1886.

FOURTH DAY: GENERAL SESSION.

The Session opened with prayer, by the Rev. Sylvanus Landrum. In the absence of the President, Vice-President J. S. Lynch, of Maryland, occupied the chair.

On resolution, the additional International Medical Congress Committee was empowered to elect a chairman and secretary.

The following gentlemen were elected by the States represented by delegates, the blanks to be filled by the Vice-President:

Arkansas, D. A. Linthicum.
Alabama, G. A. Ketchum.
California, ———.
Connecticut, ———.
Delaware, L. P. Bush.
Georgia, R. Battey.
Kansas, D. W. Stormont.
Louisiana, J. W. Dupree.
Massachusetts, A. H. Wilson.
Michigan, A. R. Smart.
Mississippi, J. M. Taylor.
New Jersey, W. Pierson.
New Hampshire, J. W. Parsons.
North Carolina, ———.
Pennsylvania, J. V. Shoemaker.
South Carolina, R. A. Kinloch.
Texas, J. W. McLaughlin.
Virginia, W. C. Dabney.
Wisconsin, N. Senn.
Colorado, C. Denison.
District of Columbia, A. Y. P. Garnett.
Florida, ———.
Illinois, E. P. Cook.
Iowa, W. Watson.
Kentucky, W. H. Wathen.
Maine, S. C. Gordon.
Maryland, J. S. Lynch.
Minnesota, E. French.
Missouri, N. F. Essex.
New York, E. Elliot.
Nebraska, R. C. Moore.
Ohio, X. C. Scott.
Rhode Island, W. E. Anthon.
Tennessee, N. L. Sim.
Vermont, C. L. Allen.
West Virginia, G. Baird.
United States Army, Surgeon Murray.
United States Navy, Surgeon Gunnell.
• United States Marine Hospital Service,
J. B. Hamilton.

The Committee on Nominations reported the following additional work:

Trustees of the Journal of the American Medical Association: E. M. Moore, M.D., New York; J. H. Hollister, M.D., Illinois; J. M. Toner, M.D., District of Columbia.

Committee of Arrangements: Chairman, Le Grand Atwood, M.D., St. Louis; Secretary, Wm. C. Glasgow, M.D., St. Louis; Judicial Council, J. K. Bartlett, M.D., Wisconsin. Report adopted.

A report from the Committee on State Medicine was made, recommending that

steps be taken to establish in each State Boards of Examiners of Medical Licenses, whose certificates shall be the only authority to practice in these States. A bill to this effect will be referred to the societies in each State.

A resolution favoring cremation was referred.

Dr. J. A. White, of Richmond, Va., chairman of the Section on Ophthalmology, Otolaryngology, and Laryngology, delivered an address reviewing recent progress in these branches, speaking especially of the new local anesthetic—cocaine.

Dr. J. H. Pope, of Marshall, Tex., chairman of the Section on Children's Diseases, gave an address on that specialty.

A report from the committee appointed to report on the organization of a Section of Medical Jurisprudence was laid over till the next meeting.

Dr. Cochran, of Mobile, offered a resolution, criticising the Committee on Nominations for nominating themselves. After a stormy discussion the resolution was laid on the table.

Dr. M. H. Henry, of New York, was appointed a delegate to the British Medical Association, and on resolution the Secretary was instructed to give others wishing to attend letters of delegation.

A resolution thanking Dr. and Mrs. Richardson, Mr. and Mrs. Cartwright Eustis, the Louisiana Jockey Club, the clergy, the press, and the citizens of New Orleans was presented, put, and passed.

Dr. Wm. Brodie, of Detroit, Mich., the president-elect, was escorted to the chair by ex-Presidents Toner and Richardson. He addressed the Association and thanked them for the honor conferred.

Dr. Campbell made a few remarks, and retired from the chair.

Dr. N. S. Davis, preliminary to moving an adjournment, spoke in a feeling manner of the many ties engendered by the Association.

The registration reached 659.

The meeting adjourned to meet in St. Louis.

On Saturday, May 2d, the Exposition was thrown open to the members of the Association.

Through the courtesy of Mr. C. S. Banfill, of Lake de Funiak, Fla., a number of the gentlemen representing the medical journals at the Association, with their wives, were given an excursion to this beautiful resort, the "Florida Chautauqua."

Selections.

CALOMEL IN THE TREATMENT OF OTORRHEA.—Dr. J. Gottstein, in the Archives of Otolaryngology, strongly recommends the use of calomel in the treatment of otorrhea. He says: "During the past year I have used the calomel by way of trial in a number of cases that seemed suitable, especially such as could be submitted to daily observation.

I have satisfied myself (1) that the remedy is absolutely free from irritation to the mucous membrane of the middle ear; (2) that it forms neither upon nor in the mucous membrane any precipitate difficult of removal; (3) that surprising results are often obtained under its use.

Accordingly, since the beginning of the present year, I have in my private practice as well as in my polyclinic, employed calomel in the treatment of all cases of otorrhea in which, following Bezold's direction, I had previously made use of boric acid, alone or as a supplementary means. I withheld the calomel only from such patients as, coming from a distance, I had an opportunity to see but once.

My observations now exceed eighty in number, so that I feel justified in communicating the results of my experience with this method.

My method of procedure is as follows: The ear is in the usual way syringed carefully with a weak sublimate solution (one tenth per cent); the residue of the secretion is forced into the external meatus by the employment of Politzer's method, and then removed by syringing, and finally the ear is well dried with cotton.

The calomel (vapore parat.) is then blown in through a powder blower and the auditory canal closed as well as possible by means of cotton. The further treatment is the same as with the boric acid. That on which I lay the most stress is, that calomel, in my opinion, has a much more decided and certain antiseptic action than the boric acid.

I am most anxious to avoid the error into which those writers fall who overestimate the value of the remedies recommended by them. Calomel also fails in some of the cases in which powerful antiseptic action is desired, because considerable tissue alterations in the drum cavity are absent. Yet I have, with no method of treatment, not even with the boric acid, attained such speedy results as I have with this remedy

in acute as well as in chronic forms of otorrhea.

The calomel is also suitable, as is the boric acid, for employment after operations in the middle ear, cauterization with nitrate of silver, the use of the galvano-cautery, and in conjunction with the alcohol treatment. In these cases, the powerful antiseptic action of the remedy is conspicuous.

STRICTURE OF THE URETHRA.—Dr. F. D. Weisse, speaking of stricture of the urethra (*Journal Cutaneous and Venereal Diseases*), says:

1. That stricture consecutive to a gonorrheal urethritis is located, as a rule, in the portion of the urethra which is exteriorly to the triangular ligament.

2. In eighty-nine per cent of cases of stricture from this cause, the passage of an instrument anteriorly to the triangular ligament, and into the bladder, is calculated to produce needless pain and avoidable complications.

3. In expressing the location of a stricture of the urethra, the following terms: "Penile portion, spongy portion, bulb, bulbo-membranous portion, bulbo-membranous junction, membranous portion," lead to a great deal of misunderstanding. It would be well to use, instead of them, the following: "Exteriorly to the triangular ligament, at so many inches from the meatus; and interiorly to the triangular ligament, at so many inches from the meatus."

4. It is important to obtain the relations of the dimensions of the penis to the urethra, as follows: (1) The circumference of the body of the penis in the flaccid state; (2) The length of the dorsal surface of the flaccid penis; (3) The caliber of the meatus; (4) The length of the urethra from the meatus to the triangular ligament.

MALIGNANT DISEASE OF THE TONGUE.—Mr. R. Scot Skirving, discussing the treatment of malignant disease of the tongue, (*Australasian Medical Gazette*) concludes as follows:

1. That the specific treatment of malignant disease has yet to be discovered.

2. That a palliative measure, such as division of the lingual nerve, is a valuable means of diminishing salivation and relieving pain in cases where radical operative treatment is inadmissible. That ligation of the lingual arteries temporarily retards the growth of the neoplasm, and is indicated to restrain otherwise uncontrollable hemor-

rhage from an ulcerated surface, while in cases where a special liability to bleeding exists, where the patient has no blood to spare, where assistants are few and unreliable, and finally, when the patient subsequent to operation can not be kept under immediate supervision, a deligation of one or both arteries may be a wise proceeding as a preliminary to further more extensive operative treatment.

3. That, in our present knowledge of the subject, it is impossible to say that any one form of operative procedure is the best; that each case and its peculiarities must be judged of, as regards operative interference, on its own merits.

4. That without doubt the entire tongue can be removed down to the epiglottis by a strictly intra-buccal operation; that if the disease be really limited to that organ, and if assistants are to be relied on, Mr. Whitehead's method seems to show that the danger of hemorrhage at the operation is in the majority of cases too much dreaded, and that subsequent troubles, such as secondary hemorrhage and septicemia, are infrequent after a cutting operation such as his. In view of the possibility of blood passing down and forming a coagulum in the glottis, it is a wise precaution to have a tracheotomy tube ready in case a sudden laryngotomy should become necessary during the performance of the operation.

5. That if there be special dread of bleeding during the removal of the tongue, if assistance is not of a satisfactory character, and if the apparatus necessary can be relied upon, then a slow removal by the simple or galvano-caustic ecraseur, the latter preferably is, notwithstanding the objections to it of secondary hemorrhage or septicemia, a wise and satisfactory procedure, especially if the chain or wire be passed submentally, after the manner of Barwell, the anterior lingual connections being first severed, as advised by Sir James Paget. Lastly, the submental opening can be utilized to drain through.

6. That if more than the tongue be involved in the disease, as for example, the floor of the mouth, gum textures, or faucial pillars, then if any operation be undertaken, it should be that in which the inferior maxilla is divided, the concluding steps of such operation being effected by cutting, crushing, or burning.

7. And lastly, that the submaxillary glands, if enlarged, are of necessity no bar to operation, but may be removed by exter-

nal incisions; it may be the lingual arteries might at the same time be tied, the tongue removed, and the lateral incisions used for drainage purposes.

ANOTHER LOCAL USE FOR GRINDELIA ROBUSTA.—As the majority of our readers know, we have referred to the use of grindelia a number of times as a valuable application in rhus tox. poisoning, in the proportion of one dram of the fluid extract to eight ounces of water, to be applied freely and often to the affected surface.

Dr. Gatchell, in the New York Medical Times, commends the same agent highly as a topical application in the treatment of stings and bites of insects.

He says: "For some years I have given to patients bound for countries infested with insect pests, a lotion of grindelia robusta, and upon their return they would invariably report that it was all that could be desired as an application to stop the itching, and promote the healing of the mosquito or flea bite. One lady told me that while in Florida her children would come to the house in the evening completely 'frescoed' with insect stings, which would nearly drive them crazy, but that after bathing them and applying the lotion, they would quickly drop into a peaceful sleep, to awake in the morning free from any pain or itching, till they had encountered the pests that day; when the same process would be gone through with in the evening."—*Medical Age*.

DR. C. H. HUGHES, of St. Louis, believes that cholera is essentially a disease of the nervous system.

RUBBING the patient on the left side will arrest infeneling fatal chloroform anesthesia.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from April 26, 1885, to May 2, 1885:

Major Chas. C. Byrne, Surgeon, assigned to duty as attending surgeon at the Soldiers' Home, D. C., to take effect May 15, 1885. *Captain Calvin De Witt*, Assistant Surgeon, upon being relieved by Surgeon Byrne, ordered to report to the Surgeon-General of the Army. (S. O. 94, A. G. O., April 25, 1885.) *Captain Geo. H. Torney*, Assistant Surgeon, U. S. Army, assigned to duty at Fort Monroe, Va. (S. O. 87, Department East, April 25, 1885.) *First Lieutenant Wm. H. Arthur*, Assistant Surgeon, assigned to duty at Fort Niagara, N. Y. (S. O. 89, Department East, April 28, 1885.)